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Atlantic Canadian Immunization Conference

Insight Report

Rebuilding Trust in Vaccines

Addressing Vaccine Misinformation in Atlantic Canada

This report summarizes the conversations and insights shared at the **Atlantic Canadian Immunization Conference (ACIC);** held on February 12th, 2026, an event that brought together Canadian experts to examine the drivers of declining vaccine confidence what governments and partners can do to improve immunization uptake.

This report is intended as a starting point for continued collaboration among government, healthcare providers, educators, researchers, and community partners working to support immunization in Atlantic Canada.

This report explores:

- **Future Planning**
- **Education**
- **Positive Experience**
- **Science Communication**
- **Community Involvement**
- **Primary Care Providers**
- **Awareness Campaigns**

ACIC

About the Atlantic Canadian Immunization Conference

The Atlantic Canadian Immunization Conference (ACIC), held in Moncton, New Brunswick on February 12th 2026, brought together researchers, clinicians, health professionals, educators, policymakers, and community partners from across the country for a day of shared learning and dialogue. The day opened with a keynote address from Toronto's former Chief Medical Health Officer, Dr. Eileen DeVilla that framed current challenges and opportunities in immunization across Atlantic Canada.

Panel discussions followed, bringing together diverse professional and community perspectives to explore key issues in vaccine confidence, access, and delivery. Panelists include:

- Dr. Yves Leger, MD, MHSc, FRCPC
- Dr. Heather Morrison, MD, MPhil, DPhil, CCFP, O.P.E.I., LLD, ICD.D
- Dr. Noni MacDonald, MD, MSc, FRCPC
- Dr. Jaigris Hodson, PhD
- Dr. William Montelpare, MSc, PhD
- Dr. Lawrence Loh, MD, MPH, FRCPC, FACPM

Participants then took part in facilitated roundtable discussions, creating space for more in-depth conversation, knowledge exchange, and cross-sector collaboration. These sessions supported the identification of practical opportunities for action across different contexts.

Acknowledgements

We wish to thank the speakers, panelists, and participants who contributed their time, expertise, and lived experience to the conversations summarized in this report.
We are also grateful to our sponsors, whose support made the Atlantic Canadian Immunization Conference possible:

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Conflict of Interest Declaration

The participants and contributors to the Atlantic Canadian Immunization Conference (ACIC) who informed the panel and keynote talks for this policy brief have declared no financial or personal conflicts of interest related to the recommendations contained herein. Participation in this conference was voluntary and did not involve funding from pharmaceutical manufacturers or other commercial entities with a direct interest in vaccination policy outcomes. The views expressed in this brief reflect the collective perspectives of the conference participants and do not represent the official positions of any government, institution, or sponsoring organization.

About the Organizing Committee

ResearchNB

ResearchNB supports research in New Brunswick. With a mission to power discovery together, ResearchNB funds leading-edge research, promotes research excellence, and connects the dots across the agriculture, forestry, oceans, health, and energy sectors to build a well-funded and impactful research ecosystem.

Institute of Population Health

The Institute of Population Health (IPH) at the University of New Brunswick conducts research to advance population health, innovation, and advocacy in New Brunswick. Through interdisciplinary collaboration and evidence-based approaches, IPH drives positive change and improves health outcomes for all residents of the province.

At a Glance

Vaccinations are one of the best health tools to prevent disease and protect communities. However, 5% of Canadians are anti-vaccination, and an additional 20%-30% of Canadians are vaccine hesitant – leading to fewer people getting vaccinated (Stratoberdha et al., 2022).

Recent national data shows that Canada has not reached any of its adult vaccination goals. New Brunswick has even lower vaccination rates than the rest of the country for many common vaccines (Public Health Agency of Canada, 2024). At the Atlantic Canadian Immunization Conference (ACIC), researchers, clinicians, educators, policymakers, and community leaders gathered to discuss one key question:

How can we, together, support and rebuild public confidence in vaccines in Atlantic Canada?

This report summarizes what we heard at ACIC. It outlines actions that government, healthcare providers, educators, researchers, and community partners can each contribute to address misinformation, strengthen public education, and improve access to immunizations.

Why it Matters

Every percentage point drop in vaccination coverage is a healthcare bill waiting to arrive. When immunization rates fall flat, preventable diseases return – filling emergency rooms, stretching wait times, and putting more pressure on a system that is already struggling to keep up. **Atlantic Canada cannot afford this.**

The cost of inaction is measurable, and it is growing. Many people who hesitate about vaccines are not opposed to science. They may be parents seeking reassurance, newcomers navigating an unfamiliar healthcare system, or individuals who have encountered misleading information online. Reaching these audiences depends on delivering the right message, through the right person, at the right time – because simply correcting a data point will not.

Misinformation can spread quickly, particularly on social media. A coordinated response – drawing on the strengths of government, healthcare providers, educators, and community partners – can help ensure that accurate information is consistently available and that public trust in immunization is supported over the long term.

The window to act is now!

What we heard at ACIC

Across the keynote, panel, and roundtable discussions, several recurring themes emerged:

Vaccine conversations are polarizing

Some healthcare providers reported a need for additional training and support to address hesitancy without othering patients.

Misinformation can outpace accurate information

Social media and online platforms allow false claims to circulate widely, capturing attention, and contributing to mistrust in public health information.

Education on vaccines starts too late

Many individuals reach adulthood without foundational knowledge about how vaccines work or how to evaluate health information.

Healthcare systems have not always served marginalized communities equitably

Marginalized populations continue to face systemic barriers that prevent them from accessing care, leading to a lack of trust in the healthcare system.

Recommendations

This section outlines key policy recommendations emerging from the Atlantic Canadian Immunization Conference (ACIC). Informed by keynote presentations, panel discussions, and facilitated roundtable sessions, these considerations reflect both current evidence and the lived experiences of those working across the immunization landscape. Contributions from researchers, clinicians, public health professionals, policymakers, and community partners helped surface shared challenges, as well as practical opportunities to strengthen immunization efforts across Atlantic Canada.

The considerations presented here are intended to support informed decision-making and collaborative action. While not prescriptive, they highlight areas where targeted policy attention may help improve vaccine confidence, enhance public education, and address barriers to equitable access.

Preparing together for the next outbreak

"Misinformation and disinformation has found footing in recent years because **we're not listening to our shared stories anymore**. Atlantic Canada does have the benefit of a unique identity and sense of community that is a good starting place for ensuring that people have the conversations needed to build trust and find the information they need that is grounded in evidence and context." – Dr. Lawrence Loh

What we heard:

- Develop and regularly update **pandemic preparedness frameworks** that incorporate lessons learned from COVID-19, with a focus on equitable, efficient, and trust-building vaccine rollout strategies.
- Invest in **plain-language public education** on evolving vaccine technologies – including mRNA platforms – so the public has accessible, accurate information when it is needed the most.

Who can contribute:

- Federal and provincial governments;
- Public health agencies;
- Healthcare providers;
- Researchers;
- Educators; and
- Community organizations.

All have a role in preparing for and communicating during the next health emergency.

Impact

Communities and health systems that fare best in the next large-scale health emergencies tend to be those that have built public trust before they need it. Sustained, proactive investment in immunization education and pandemic preparedness can support both fiscal responsibility and public health resilience.

Build a generation that misinformation cannot reach

What we heard:

- **Introduce immunization education** starting in early elementary school, continuing through all grades (K–12), supporting understanding of vaccine uptake across the life course.
- Make immunization education part of the **core curriculum in both private and public schools**, including early childhood programs.
- **Embed health media literacy subunits** in English and French language arts curricula so students can identify and critically evaluate health misinformation.

Who can contribute:

- Provincial education ministries;
- School Boards;
- Teachers;
- Curriculum developers; and
- Early Childhood Educators.

(With input from healthcare providers, parents and community organizations.)

Students of all grade levels reported learning most of their knowledge about viruses and vaccines outside of school.

At higher grades, students are increasingly learning about vaccines and viruses from media.

(Stallard et al., 2026)

Impact

The most cost-effective vaccine policy may be one that reduces future hesitancy before it takes root. When young people grow up understanding how vaccines work and why they matter, they are more likely to become adults who can identify misleading claims, and parents who pass that confidence on to their children.

Remove the barriers people actually talk about

The CARD (Comfort, Ask, Relax, Distract) system improves the vaccination experience. Recipients reported a better overall experience **(48.8% vs. 28.0%)** with lower fear and dizziness.

(Taddio et al., 2025)

What we heard:

- Invest in **desensitization programs** for needle-anxious individuals, including exposure therapy resources, social stories, and clinic preparation guides, to address missed opportunities for vaccination.
- **Train immunization providers** in low-pain, low-fear injection techniques (e.g., the ShotBlocker, topical anesthetics, distraction techniques) to reduce the physical and emotional discomfort of vaccination.
- **Redesign the vaccination encounter** to be welcoming and person-centred – including comfortable waiting areas, clear communication before and during the appointment, and post-vaccination support.

Who can contribute:

- Immunization clinics;
- Primary care practices;
- Pharmacies;
- Public health units; and
- Provider training organizations.

(Supported by health system funders and patient-experience leaders.)

Impact

Needle fear is one of the more commonly cited reasons people delay or avoid vaccination, and it is among the more addressable. A vaccination experience that is calm, respectful, and physically comfortable can support continued engagement with immunization services. When people leave a clinic without dread, they are more likely to return – and to share their experience with others.

Make good science communication the standard, not the exception

What we heard:

- **Create incentives for researchers** and clinicians who communicate science clearly and accessibly to the public.
- Develop clear **policies to identify, report, and discourage** the spread of vaccine misinformation online and in public discourse, in line with national and global monitoring commitments.
- Establish a Government Task Force dedicated to **monitoring and evaluating interventions** to address health misinformation in Atlantic Canada.

Who can contribute:

- Researchers;
- Academics;
- Institutions;
- Journalists and communication professionals;
- Public health agencies;
  (With government funding support).

Science youtubers

- Science Sam
- AsapSCIENCE
- Veritasium
- Hacksmith Industries
- The Sci Guys

Impact

Public trust in health information rarely collapses overnight. It tends to erode through small moments where misinformation goes unchallenged and accurate science goes unheard. Rewarding clear communication and addressing the spread of false claim signals – to the public, to providers, and to platforms – that the integrity of evidence-informed health information is taken seriously.

Trust is built through people, not platforms

Community member intention to vaccinate increased from **41% to 83%** before and after sessions with Vaccine Champions, including health workers, faith and community influencers.
(Kaufman et al., 2024)

What we heard:

- Work with **religious leaders** to share accurate vaccine information within their communities, addressing spiritual concerns.
- Partner with **Indigenous elders** and organizations to co-develop culturally safe, self-determined approaches to vaccine promotion, in keeping with equity-informed and gender-responsive principles.
- Involve **local physicians in community outreach beyond the clinic** – through town halls, Q&A sessions, and neighborhood health events, strengthening partnerships beyond the health sector.
- **Amplify the voices** of formerly hesitant individuals through testimonial campaigns, demonstrating that changing one's mind is possible and respected.

Who can contribute:

- Community organizations;
- Faith leaders;
- Indigenous communities and organizations;
- Local physicians; and
- Patient advocates.
  (With support from public health partnerships and dedicated funding).

Impact

In communities where trust has been strained – including those that have historically been underserved by institutions – rebuilding that trust tends to require listening as much as speaking. Supporting and resourcing the voices these communities already trust is among the more durable approaches available, and it complements, rather than replaces, public health messaging. This work is most effective when it is led with, rather than on behalf of, the communities involved.

The conversation that happens in an exam room matters more than any ad campaign

What we heard:

- Offer **ongoing professional development to primary care providers** focused on evidence-based communication strategies for discussing vaccines with hesitant patients.
- Train providers to **explore and address hesitancy** with curiosity and empathy rather than correction, avoiding language that places blame or creates shame.
- Expand access to immunization services **beyond traditional clinical settings**, including community centres, schools, and pharmacies, to reduce logistical barriers and meet patients where they are.

Who can contribute:

- Primary care providers;
- Professional associations;
- Training and accreditation bodies;
- Pharmacies;
- Regional health authorities; and
- Public health agencies.

Parents receiving routine care and peer-led vaccine counseling were significantly more likely to have their child receive at least 1 vaccine dose after 90 days compared to those who received only routine care **(28.4% vs 12.9%).** (Hoffman et al., 2024)

Impact

A primary care provider who can navigate a conversation with a hesitant patient with empathy and without judgment is one of the more powerful resources in the immunization system. The training investment is modest, and the return – in restored trust, increased uptake, and avoided hospitalizations – can be substantial.

Meet people where they are – before misinformation does

"If we want messages to truly resonate, **we have to meet people where they are** – shaped by their platforms, preferences and realities, not ours. Otherwise, even the most well-intentioned messages are simply tuned out." - Participant

What we heard:

- Partner with pharmacies to **display clear, equity-informed vaccine information** at point-of-care and through pharmacist-led conversations during routine visits.
- Collaborate with multicultural organizations to **co-create and distribute** culturally safe vaccine information in multiple languages.
- Develop a dedicated task force to help newcomers understand **how to navigate the Canadian healthcare system**, including how and where to access vaccinations, as part of a coordinated equity and inclusion response.

Who can contribute:

- Pharmacies;
- Multicultural and settlement organizations;
- Public health communications teams, and
- Primary care networks.

Impact

Vaccine hesitancy does not develop overnight, and it is unlikely to be reversed by a single campaign or pamphlet. When accurate information is consistently available through pharmacies, schools, and cultural organizations – places people already trust – it can create a durable, lower-cost defence against misinformation.

Key Takeaways

To rebuild trust in vaccines, Atlantic Canada must:

- **Address misinformation through coordinated, and sustained evidence-informed actions**
  Across government, providers, and partners beyond the health sector.
- **Invest in vaccine education before hesitancy takes root**
  So the next generation grows up understanding how vaccines work, and why uptake matters.
- **Equip healthcare providers with the training and tools**
  To have empathetic, effective, and culturally safe conversations with patients.
- **Strengthen partnerships beyond the health sector**
  Particularly in communities where trust has been strained, by following the lead of community members.
- **Make vaccination as easy to access as possible**
  By reducing logistical, language, and experiential barriers that drive inequity in uptake.

Together, these steps reflect a shared and collaborative path forward – one where government, healthcare, education, research, and community each play essential roles in achieving sustainable immunization goals.

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